CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

Please print

CHILD'S FULL NAME — First — Middle — Last

CHILD'S GENDER	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE
☐ Boy ☐ Girl		

TODAY'S DATE Mo. ____ Day ____ Year ____

CHILD'S BIRTHDATE Mo. ____ Day ____ Year ____

GRADE IN SCHOOL _____

NOT ATTENDING SCHOOL ☐

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. *Be sure to answer all items.*

PARENTS' USUAL TYPE OF WORK, even if not working now.
(Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)
PARENT 1 (or FATHER)
TYPE OF WORK _____
PARENT 2 (or MOTHER)
TYPE OF WORK _____

THIS FORM FILLED OUT BY: (print your full name)

_____

Your gender: ☐ Male ☐ Female

Your relation to the child:
☐ Biological Parent ☐ Step Parent ☐ Grandparent
☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify)

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	☐	☐	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: video games, dolls, reading, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio, TV, or other media.)

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	☐	☐	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.

☐ None

	Compared to others of the same age, how active is he/she in each?			
	Less Active	Average	More Active	Don't Know
a. _____	☐	☐	☐	☐
b. _____	☐	☐	☐	☐
c. _____	☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: doing dishes, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

	Compared to others of the same age, how well does he/she carry them out?			
	Below Average	Average	Above Average	Don't Know
a. _____	☐	☐	☐	☐
b. _____	☐	☐	☐	☐
c. _____	☐	☐	☐	☐

Be sure you answered all items. Then see other side.

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)

☐ None   ☐ 1   ☐ 2 or 3   ☐ 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours? (Do *not* include brothers & sisters)

☐ Less than 1   ☐ 1 or 2   ☐ 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	☐	☐	☐	☐ Has no brothers or sisters
b. Get along with other kids?	☐	☐	☐	
c. Behave with his/her parents?	☐	☐	☐	
d. Play and work alone?	☐	☐	☐	

VII. 1. Performance in academic subjects. ☐ Does not attend school because _____

Other academic subjects–for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

Check a box for each subject that child takes

	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	☐	☐	☐	☐
b. History or Social Studies	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Science	☐	☐	☐	☐
e. _____	☐	☐	☐	☐
f. _____	☐	☐	☐	☐
g. _____	☐	☐	☐	☐

2. Does your child receive special education or remedial services or attend a special class or special school?

☐ No   ☐ Yes—kind of services, class, or school:

3. Has your child repeated any grades?   ☐ No   ☐ Yes—grades and reasons:

4. Has your child had any academic or other problems in school? ☐ No   ☐ Yes—please describe:

When did these problems start?

Have these problems ended?   ☐ No   ☐ Yes–when?

Does your child have any illness or disability (either physical or mental)? ☐ No   ☐ Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please circle the *2* if the item is *very true or often true* of your child. Circle the *1* if the item is *somewhat or sometimes true* of your child. If the item is *not true* of your child, circle the *0*. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)　　　**1 = Somewhat or Sometimes True**　　　**2 = Very True or Often True**

0 1 2	1. Acts too young for his/her age	0 1 2　32. Feels he/she has to be perfect
0 1 2	2. Drinks alcohol without parents' approval (describe): _____	0 1 2　33. Feels or complains that no one loves him/her
		0 1 2　34. Feels others are out to get him/her
		0 1 2　35. Feels worthless or inferior
0 1 2	3. Argues a lot	
0 1 2	4. Fails to finish things he/she starts	0 1 2　36. Gets hurt a lot, accident-prone
		0 1 2　37. Gets in many fights
0 1 2	5. There is very little he/she enjoys	
0 1 2	6. Bowel movements outside toilet	0 1 2　38. Gets teased a lot
		0 1 2　39. Hangs around with others who get in trouble
0 1 2	7. Bragging, boasting	
0 1 2	8. Can't concentrate, can't pay attention for long	0 1 2　40. Hears sound or voices that aren't there (describe): _____
0 1 2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	
		0 1 2　41. Impulsive or acts without thinking
0 1 2	10. Can't sit still, restless, or hyperactive	0 1 2　42. Would rather be alone than with others
		0 1 2　43. Lying or cheating
0 1 2	11. Clings to adults or too dependent	
0 1 2	12. Complains of loneliness	0 1 2　44. Bites fingernails
		0 1 2　45. Nervous, highstrung, or tense
0 1 2	13. Confused or seems to be in a fog	
0 1 2	14. Cries a lot	0 1 2　46. Nervous movements or twitching (describe): _____
0 1 2	15. Cruel to animals	
0 1 2	16. Cruelty, bullying, or meanness to others	0 1 2　47. Nightmares
0 1 2	17. Daydreams or gets lost in his/her thoughts	0 1 2　48. Not liked by other kids
0 1 2	18. Deliberately harms self or attempts suicide	0 1 2　49. Constipated, doesn't move bowels
0 1 2	19. Demands a lot of attention	0 1 2　50. Too fearful or anxious
0 1 2	20. Destroys his/her own things	0 1 2　51. Feels dizzy or lightheaded
0 1 2	21. Destroys things belonging to his/her family or others	0 1 2　52. Feels too guilty
		0 1 2　53. Overeating
0 1 2	22. Disobedient at home	
		0 1 2　54. Overtired without good reason
0 1 2	23. Disobedient at school	0 1 2　55. Overweight
0 1 2	24. Doesn't eat well	
		56. Physical problems *without known medical cause:*
0 1 2	25. Doesn't get along with other kids	0 1 2　a. Aches or pains (*not* stomach or headaches)
0 1 2	26. Doesn't seem to feel guilty after misbehaving	0 1 2　b. Headaches
		0 1 2　c. Nausea, feels sick
0 1 2	27. Easily jealous	0 1 2　d. Problems with eyes (*not* if corrected by glasses) (describe): _____
0 1 2	28. Breaks rules at home, school, or elsewhere	
0 1 2	29. Fears certain animals, situations, or places, other than school (describe): _____	0 1 2　e. Rashes or other skin problems
		0 1 2　f. Stomachaches
0 1 2	30. Fears going to school	0 1 2　g. Vomiting, throwing up
		0 1 2　h. Other (describe): _____
0 1 2	31. Fears he/she might think or do something bad	

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 57. Physically attacks people
0 1 2 58. Picks nose, skin, or other parts of body (describe): _____

0 1 2 59. Plays with own sex parts in public
0 1 2 60. Plays with own sex parts too much

0 1 2 61. Poor school work
0 1 2 62. Poorly coordinated or clumsy

0 1 2 63. Prefers being with older kids
0 1 2 64. Prefers being with younger kids

0 1 2 65. Refuses to talk
0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____

0 1 2 67. Runs away from home
0 1 2 68. Screams a lot

0 1 2 69. Secretive, keeps things to self
0 1 2 70. Sees things that aren't there (describe): ___

0 1 2 71. Self-conscious or easily embarrassed
0 1 2 72. Sets fires

0 1 2 73. Sexual problems (describe): _____

0 1 2 74. Showing off or clowning

0 1 2 75. Too shy or timid
0 1 2 76. Sleeps less than most kids

0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____

0 1 2 78. Inattentive or easily distracted

0 1 2 79. Speech problem (describe): _____

0 1 2 80. Stares blankly

0 1 2 81. Steals at home
0 1 2 82. Steals outside the home

0 1 2 83. Stores up too many things he/she doesn't need (describe): _____

0 1 2 84. Strange behavior (describe): _____

0 1 2 85. Strange ideas (describe): _____

0 1 2 86. Stubborn, sullen, or irritable
0 1 2 87. Sudden changes in mood or feelings

0 1 2 88. Sulks a lot
0 1 2 89. Suspicious

0 1 2 90. Swearing or obscene language
0 1 2 91. Talks about killing self

0 1 2 92. Talks or walks in sleep (describe): _____

0 1 2 93. Talks too much

0 1 2 94. Teases a lot
0 1 2 95. Temper tantrums or hot temper

0 1 2 96. Thinks about sex too much
0 1 2 97. Threatens people

0 1 2 98. Thumb-sucking
0 1 2 99. Smokes, chews, or sniffs tobacco

0 1 2 100. Trouble sleeping (describe): _____

0 1 2 101. Truancy, skips school

0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 103. Unhappy, sad, or depressed

0 1 2 104. Unusually loud
0 1 2 105. Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): ____

0 1 2 106. Vandalism
0 1 2 107. Wets self during the day

0 1 2 108. Wets the bed
0 1 2 109. Whining

0 1 2 110. Wishes to be of opposite sex
0 1 2 111. Withdrawn, doesn't get involved with others

0 1 2 112. Worries

113. Please write in any problems your child has that were not listed above:
0 1 2 _____
0 1 2 _____
0 1 2 _____

Please be sure you answered all items.